SURVIVING COVID-19

LESSONS FROM A WISCONSIN LONG-TERM CARE FACILITY
IT ALL STARTED WITH ONE CASE...

- One case was the catalyst for an outbreak that would span 8 weeks among residents and longer among staff.
- One case was the catalyst that almost sent our Infection Preventionist (and DON) over the edge, multiple times.
- One case was the catalyst for creating an arsenal of lessons learned that will impact best practices moving forward as we navigate the unknown territory that is Coronavirus-2019.
WHAT WE DID
STAYING ON TOP OF IT...

• Early involvement and engagement with our medical director, the local health department, and DHS was imperative to gaining an edge on the outbreak
  • Daily contact was the norm
  • Offered guidance on:
    • Staff education
    • Contact tracing
    • Supported need for blanket resident testing
    • Supported need for blanket and on-going staff testing
    • Reinforced protocols and procedures with family members related to inquiries
    • Conducted on-site inspection (DHS and HD)
Utilized guidance, resources, and tools from DHS, CDC, and AMDA

Illness and Symptom Reporting

Educational experiences
- In-person
- E-Learning
- Educational Tri-fold Poster Boards on each unit

Audits/Safety Checks

Trained Observers
COMMUNICATION

- Transparency and consistency in communication upfront with families and residents was imperative
- Developed a COVID hotline for families to call that provided weekly updates or as changes occurred
- Information provided on our organization website
- Developed a phone-tree for each resident unit for ease of access when cases were identified
  - RN Manager and Social Worker made calls
- Daily COVID-updates during "stand-up" to management team to disseminate to staff
- Updates provided on home screen of timeclock site
CREATING A "COVID WING"

- Had the ability to cohort active cases on one "COVID wing"
  - Dedicated Staff: Nursing, Housekeeping, Rec. Therapy, and Physical Therapy
  - Staff could remain in full PPE (helped with conservation)
  - Residents participated in active exercise and virtual visits to remain conditioned and connected
  - Dedicated PT and lower nurse-to-patient ratio helped improve outcomes
  - In hindsight not sure if this was efficacious or not
  - Staffing unit presented myriad of challenges
    - Financial (Hazard pay, expenses)
    - Logistical (staff had to be dedicated, left other units short)
ZONING

• Developed a zoning structure for residents requiring precautions
• Yellow Stone Park (14-day precautions/holding zone)
• Green Acres (Graduates of 14 days iso or history of covid)
• Red- Covid Cabanas (any active positive cases)
CASES LED TO INCREASED ACCESS TO RESOURCES

• Outbreak increased our ability to secure vital resources to contain the spread
  • PPE
    • N95 masks
    • Gowns (critical shortage)
      • Gowns from Federal allocation were unusable
  • Testing Supplies
    • Exact Sciences (staff)
    • Local lab partner (residents)
      • Offered continuous support from DHS and StateHealth Departments
  • Conducted an on-site and tele-ICAR
LESSONS LEARNED
LEARNING THROUGH THE OUTBREAK

• We were not prepared for this!

• Lack of PPE during initial onset contributed to outbreak

• Access to resources and testing was critical to developing plan and catching asymptomatic positives

• Use of full PPE for direct care has limited exposures from asymptomatic staff

• The dedication and strength of our team was evident in full measure during this outbreak!

• Everyone and every role was important! We re-deployed staff from other areas that were shut down or limited
"The darkest moments of our lives are not to be buried and forgotten, rather they are a memory to be called upon for inspiration to remind us of the unrelenting human spirit and our capacity to overcome the intolerable"

-Vince Lombardi